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To the Editor of the Medical Examiner.

My dear Sir,—Enclosed I send you the notes of a case of some interest, which occurred a short time since in my practice. If you deem it of sufficient importance to present before your readers, it is entirely at your service.

Very respectfully and truly yours,

JNO. J. REESE.

301 *Walnut st., Feb.* 3, 1844.

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CASE OF SUPPOSED FUNGUS HÆMATODES, COMBINED WITH MELANOSIS.

BY JOHN J. REESE, M. D.

Physician to the Philadelphia Dispensary.

F. B. aged 83 years, an American by birth, of an excellent constitution, had enjoyed uninterrupted health until about fifteen months since. In the early period of his life he had served in the army, and until very lately he followed the occupation of a shoemaker.

The first appearance of disease manifested itself a little more than a year ago, in the shape of a small tumour upon the upper posterior portion of the right shoulder, which from his own account, I suppose to have been an enlarged indurated lymphatic gland. A year previous, the patient had observed a tumour similar in appearance to this, (according to his own description) at the inner canthus of the right eye, which he called a *wart*, and which disappeared spontaneously about the time that the tumour on the shoulder showed itself. The latter tumour continued gradually to increase in size; and the lymphatic glands in the immediate vicinity also enlarged, several of them coalescing with the original one, and forming a knotted, tuberculated tumour. About four months ago, this took on ulceration,—probably in several places, as I judged from its appearance—discharging a large quantity of thin serum, and at times sero-purulent matter. Up to this period, the patient's general health remained perfectly good, his strength being yet sufficient to enable him to walk several miles a day. Now, however, his health commenced declining—and he began to be enfeebled by the amount of matter discharged. He applied at the Philadelphia Dispensary for relief, in November last, not having previously been under any medical care. Dr. Page, one of my colleagues, who first took charge of the case, applied mild escharotics to the ulcerated tumour, under the use of which, several small pieces of the fungous mass sloughed off. The patient also took the Iodide of Potassium, which however was discontinued, as it did not agree with his stomach. He came under my care in the early part of December, and presented the following appearance:—Emaciation not greater than usual for a person of his advanced age; strength much enfeebled; appetite impaired; bowels habitually costive; tongue nearly natural; pulse rather weak. The tumour on the shoulder consisted of a flattish fungous mass, about four and a half inches long, by three broad, and elevated about an inch above the level of the skin. It was of a dark liver-color, mottled with greyish and livid spots—full of foramina, and resembling very much a honey-comb. Its texture appeared to be tough and fibrous. It was not at all painful on pressure, nor did the patient complain of pain in it at any other time. The discharge from it was thin, yellowish, and sometimes mixed with blood, and so profuse, as completely to saturate his linen and even to pass through the bed clothes. In fact he complained *only* of the discharge, which he said was weakening him very rapidly. The lymphatic glands in the neighborhood were much enlarged—particularly one, of a dark color, near the edge of the tumour, and also the glands of the axilla of the affected side.

The patient had been using a generous diet, which was continued, together with quinine and the tonic tinctures. A powder, composed of burnt alum and chloride of lime, was sprinkled upon the tumour once a day, as much for the purpose of correcting the fetor, as to destroy, if possible, the fungous growth. An operation at his period of life, and in his enfeebled condition, was, of course, inadmissible. He continued, however, rapidly to decline, and towards the end of the month he was seized with a severe bronchitis, attended with a hard cough, sore throat, and pain of the right side, with great increase of feebleness. For this he was blistered, and took stimulant expectorants with carbonate of ammonia and morphia, and also wine-whey. This treatment appeared slightly to relieve him; but in the course of a few days he expectorated gangrenous matter and became exceedingly weak, being scarcely able to expectorate. He died on the 2d of January. For the two weeks previous to his death, his mind appeared to become somewhat imbecile; he would refuse to take his medicine, or even proper nourishment, unless compelled to do so.

The *Autopsy* was made twenty-four hours after death. I was kindly assisted in it by Drs. Parrish and Page, and Dr. Cunningham, of Alabama. The following appearances presented:

Body not much emaciated; surface studded with small hard tubercles in the course of the lymphatics, varying from the size of a pin's head, to that of a hazel nut; being larger near the tumour, and diminishing as the distance increased; disappearing altogether at the pelvic region. The glands of the axilla much enlarged, particularly the right. The tubercles following the course of the lymphatics of the upper extremities, very distinctly marked. On cutting into one of these superficial tubercles which seemed to be immediately beneath the skin, it was found to consist of a soft, dark chocolate coloured matter—apparently of a homogeneous character. The larger of the superficial tubercles exhibited this dark colour shining through the skin; the smaller ones did not, being scarcely raised above the surface.

The tumor was first removed. It was at one point firmly adherent to the subjacent muscle, being in fact identified with its structure; the rest of it was easily dissected off. It was of a darker color and more shrunken

appearance than before death. There was also considerable ecchymosis for some distance around it, owing no doubt to the gravitation of the blood. The fungous mass, on being cut into, exhibited a uniform homogeneous appearance. There was no evidence of striæ or bands dividing it off into segments, as in the true cancerous tumours. The glands of the right axilla were very much enlarged, presenting a tumour of the size of a walnut. On removal, this was found attached to several others of nearly equal size, and extending deep in towards the thorax. These glands appeared to be entirely converted into melanosed matter, presenting the same dark appearance and consistence as the superficial gland. One of these contained a cyst lined by a membrane, and containing a semi-fluid matter.

The *cavity of the thorax* contained about two pints of bloody serum. There were pretty strong adhesions between the upper part of the *left* lung and pleura—none elsewhere. The lungs themselves were generally of a blacker colour than natural, and exhibited small masses of melanotic matter scattered throughout, about the size of a large pea; rather more numerous in the right lung than in the left, and in the upper than lower lobes. They were for the most part quite superficial, being directly under the pleura. The lower lobes exhibited marks of congestion, but no hepatization. There were no tubercles in either lung.

The *heart* appeared perfectly healthy, with the exception of some slight thickening of the walls of the left ventricle, and ossific deposits about the aortic valves; not however beyond what might be expected in so aged a subject. The *aorta* for some inches down, was converted into a hard cartilaginous tube; its inner surface exhibiting numerous deposites of bony matter.

The *liver* was the organ most involved in the melanotic disease. It was much enlarged, particularly in its perpendicular diameter, and would probably have weighed from eight to ten pounds. The whole organ was one complete mass of disease; nodules, about the size of a filbert, projecting out on every side, giving to the gland the feel of a large mass of knots. On making incisions, the entire organ was found studded throughout with these almost black masses, many of them containing little cysts precisely like those in the glands of the axilla, presenting a perfectly marbled appearance.

The *gall-bladder* contained a small quantity of dark viscid bile.

The *spleen* was about the usual size—if any thing, smaller than common. It consisted of a thick fibrous sac, enclosing a soft pultaceous mass, and several small cysts contained within it, each of which seemed to be lined by a membrane.

The *kidneys* presented nothing abnormal.

The *stomach* was healthy. The *intestines* were not examined, but, on their peritonæal coat, they afforded no appearances of disease.

The *mesenteric* glands were enlarged, but not so much involved as might have been expected.

The *pancreas* was not affected; but its *duct* was enlarged and completely converted into a bony tube. The rest of the body not examined.

Remarks.—I have detailed the foregoing case as affording an interesting example of what was supposed to be an external fungus hæmatodes, and general melanosis. As regards the *latter* disease, it was sufficiently evident on inspecting the body after death. As is generally the case, the melanotic deposite was most abundant in the liver; nearly the whole of that organ, as we have seen, being converted into it. Yet with all this mass of disease, the *functions* of the gland appeared to be but little affected. There was some constipation—but not more than is usual in aged persons; there was also a very slight icterode appearance of the conjunctivæ. This is an interesting fact, as it proves, among many others, the perfect independence of the different organic cells which enter into the composition of an organ—each cell being, in truth, an epitome of the whole gland, and, as such, performing all its functions.

The severe pain, which the patient experienced on the right side a few days before his death, might have been caused by the diseased liver. From the cough and difficulty of breathing attending it, I had supposed it an acute attack of pleurisy combined with bronchitis, and treated it as such. It was difficult to percuss or auscult the patient, from his excessive weakness.

As regards the tumour on the shoulder, it was the impression of most of those who saw it before death, that it was either fungus hæmatodes, or something between this and true cancer in a state of ulceration. On examining it, however, after death, I had some doubts as to the true nature of its composition. In many respects, it is true, it resembled a malignant fungus—in others, again it looked more like a melanotic tumour exterior to the skin. Its internal structure coincided very much in appearance with the masses of that substance seen in other parts of the subject, only that it was much more condensed. Certainly melanosis may attack the skin as well as any other tissue of the body; and it is known that a fungus does sometimes sprout from the part where this dark deposite has taken place. From what I can learn, however, such a form of it is very rare. It may also be remarked that both melanosis and fungus hæmatodes may co-exist in the same individual.

I shall be much gratified if the foregoing notes should elicit from some of your correspondents additional information, and cases of *external* melanosis assuming the fungous or ulcerated form.

It is generally supposed, that this deposite, unlike either cancer or tubercle, is very little, if at all, disposed to undergo softening.

REPORT OF THE SURGEON GENERAL

OF THE

UNITED STATES ARMY,

For the year 1843.

The Annual Report of the Surgeon General of the Army to the Department of War, shows a very satisfactory state of the Bureau under his charge. The fiscal operations have been conducted with a very judicious economy; the amount in hands for the year was $55,740 79; of which, on the 30th June, 1843, there remained an unexpended balance of $28,672 38.

The Report states: "During the last four or five years the average cost of the medical supplies has been about $2 60 per man, per year; for the last twelve months $2 22 per man. Below this amount we cannot go, without abridging the sick of some of the necessary comforts; but with this sum we have heretofore provided all the essential articles of medical stores, and we can continue to furnish every comfort and convenience which the officer or the enlisted soldier can reasonably expect or rightfully claim of the Government."

"The number of cases of indisposition which have been under treatment in the army, during the last twelve months, was 27,734; 26,820 of which occurred within the past year; 914 being cases that remained of the preceding year.

"Of the whole number of sick, 26,513 have been restored to duty, 309 have been discharged the service, 18 have deserted, and 160 have died; leaving, on the 30th of September, 726 still on the sick report.

"The mean strength of the army for the last twelve months has been about 9,863; and as the number of sick, during the same period, was 27,734, and the aggregate of deaths was 160, it will appear that the proportion of cases of indisposition to the number of men in service, was as $2\frac{81}{100}$ to 1, or 2.81 per cent.; the ratio of deaths to the number of men, as 1 to $61\frac{2}{3}$, or a fraction less than $1\frac{2}{3}$ per cent.; and the proportion of deaths to the number of cases treated, as 1 to $173\frac{7}{100}$, or $\frac{57}{100}$ per cent."

Besides the medical duties proper of the surgeons of the army, they have, and continue to be, zealously engaged in making meteorological observations at almost every point of our extended country. These observations are being collated by Mr. Espy, whose devotion to meteorological pursuits is so well known; and much information of a highly useful and practical nature may be obtained, as well to the philosophic physician, as to the agriculturist and commercial man. A more perfect knowledge of climatorial influences in the production or cure of disease, and in the perfection or degradation of the human race; a thorough investigation into the laws governing the winds; the causes of storms, and the indications of their approach; the *trajets* of hurricanes, &c., will, we make no doubt, be the rich fruits of well made observations in meteorology; in the making of which we are pleased to know, that the medical officers of our army take so active a part.

From a tabular statement accompanying the report, we find that of 27,734 cases, there were:

	Cases.	Deaths.
Fevers.		
Febris continua communis,	69	1
—— intermittens quot.,	2,747	2
—— —— tertian.	2,445	—
—— —— quartan.	29	1
—— remittens,	530	23
—— typhus,	11	2
—— —— icterodes,	55	12
—— congestiva,	—	4
Eruptive Fevers.		
Erysipelas,	34	—
Rubeola,	5	—
Scarlatina,	1	—
Varioloid,	3	—
Diseases of the Organs connected with the Digestive System.		
Cholera,	163	—
Colica,	371	—
Cynanche parotidea,	10	—
Diarrhœa,	2,291	9
Dysenteria acuta,	907	3
—— chronica,	160	15
Dyspepsia,	100	—
Enteritis,	11	—
Gastritis,	54	1
Hematemesis,	3	—
Hepatitis acuta,	19	—
—— chronica,	15	3
Icterus,	37	—
Obstipatio,	616	—
Peritonitis,	6	1
Tonsillitis,	221	1
Respiratory System.		
Asthma,	13	—
Bronchitis acuta,	82	—
—— chronica,	8	2
Catarrhus,	3,795	3
Hæmoptysis,	15	—
Laryngitis,	28	1
Phthisis pulmonalis,	31	26
Pleuritis,	237	4
Pneumonia,	132	11
Influenza,	1,348	—
The Brain and Nervous System.		
Apoplexia,	11	4
Cephalalgia,	440	—
Chorea,	1	—
Delirium tremens,	156	11
Epilepsia,	82	1
Mania,	8	—
Melancholia,	1	—
Meningitis,	1	1
Neuralgia,	45	—
Paralysis,	14	—
The Urinary and Genital Organs.		
Calculus,	1	—
Cystitis,	2	—
Diabetes,	8	—
Enuresis,	3	—
Gonorrhœa,	384	—
Ischuria et Dysuria,	19	—
Nephritis,	10	2
Orchitis,	73	—
Strictura urethræ,	17	—
Syphilis primitiva,	160	—
—— consecutiva,	30	—
Ulcus penis non syphilitica,	16	—
The Serous Exhalant Vessels.		
Anasarca,	11	1
Ascites,	1	1
Hydrocele,	1	—
Hydrothorax,	1	1
The Fibrous and Muscular Structures.		
Pernio,	86	—
Podagra,	5	—
Rheumatismus acutus,	801	—
—— chronicus,	314	—
Abscesses and Ulcers.		
Fistula,	13	—
Phlegmon et abscessus,	802	1
Ulcus,	549	—
Paronychia,	32	—
Wounds and Injuries.		
Ambustio,	97	—
Amputatio,	3	—
Concussio cerebri,	7	2
Contusio,	1,313	1
Fractura,	55	—
Luxatio,	52	—
Punitio,	12	—
Sub-luxatio,	350	—
Vulnus incisum,	603	—
—— laceratum,	38	—

Vulnus punctum,	88	—
—— sclopeticum,	26	1
All other Diseases.		
Amaurosis,	3	—
Angina pectoris,	1	—
Cachexia,	67	—
Carcinoma,	—	1
Debilitas,	91	—
Ebrietas,	385	2
Hæmorrhois,	182	—
Hemeralopia et Nyctalopia,	36	—
Hernia,	67	—
Morbus cutis,	66	—
Morsus serpentis,	3	—
Necrosis,	2	—
Odontalgia,	162	—
Ophthalmia,	600	—
Ptosis,	59	—
Pericarditis,	13	2
Prolapsus ani,	7	—
Scorbutus,	32	1
Scrofula,	8	—
Splenitis,	10	—
Suicidium,	1	1
Toxicum,	41	—
Varix,	10	—
Vermes,	4	—
Epistaxis,	2	—
Old age,	—	1
Morbi varii,	1,624	—
	26,820	160
Remaining at last report,	914	
Total number treated,	27,734	

[For this interesting abstract we are indebted to the kindness of Dr. McPhail, of the U. S. Army.—Ed.]

CLINICAL LECTURES AND REPORTS.

PHILADELPHIA HOSPITAL.

CLINIC OF THE JEFFERSON MEDICAL COLLEGE.

January 20, 1844.

BY PROFESSOR DUNGLISON.

(Reported by S. G. White, and E. R. Squibb.)

INTERMITTENT FEVER.

The Professor commenced by remarking, that there were several cases in the wards, which had been arrested by the sulphate of quinia, but in which the cure was not permanent. Also, some which had altogether resisted the use of the sulphate. A majority of these cases were quotidians; some double quotidians. In these obstinate cases he had prescribed, along with the sulphate of quinia, the use of the liquor arsenicalis, "Fowler's Solution," the administration of which had been attended with great success. Five cases of intermittent were described, some of which had yielded to the ordinary treatment; others which had required the use of arsenic to render the cure permanent. One of the cases illustrative of the benefit resulting from this treatment was the following:

Ann F., came into the hospital with remittent fever, for which she was treated in the usual manner, and recovered: soon afterwards she was attacked with intermittent, which yielded temporarily to the sulphate of quinia. The disease recurred, and was removed by arsenic, which in her case induced puffiness of the face, when it was discontinued. About two weeks ago, she complained of excessive pain between the crista ilii and the cartilages of the ribs of the left side, which was relieved by cups and leeches, with warm fomentations, so that she was able to walk about the ward. The pain soon returned, however, preceded by a rigor. Like the intermittent itself, it appeared to be neuropathic, and was relieved at once by a large injection with Oleum Terebinthinæ. After this she was again seized with intermittent fever, which was finally subdued by the use of sulphate of quinia and arsenic; since which she has been convalescent. The Professor advises first the exhibition of the sulphate of quinia, or the bark in substance; and should these fail, arsenic may be resorted to in conjunction, and generally with full success. He then proceeded to make some remarks upon

CHRONIC DIARRHŒA AND DYSENTERY,

Dependent upon ulceration of the mucous lining of the intestinal canal. In ordinary diarrhœa, gentle cathertics, as the Oleum Ricini, used daily to remove morbid secretions, and warmth to the surface, with easily digested food, are sufficient for a cure. Cases, however, not unfrequently occur, which resist all ordinary methods of treatment, and several such are now in the wards. Astringents are always resorted to, but in most cases they seem to act mainly by their influence on the stomach. They can scarcely be expected to exert much direct effect on the parts affected, especially when they are seated low down in the canal. All of them must become mixed with the contents of the canal; and be in a state of extreme dilution before they can come in contact with the diseased surface. The lecturer instanced particularly the nitrate of silver, which is often prescribed in not more than quarter or half grain doses, under the impression that it may act locally on the ulcerations. This salt, he conceived, could never pass the stomach unchanged. It must be converted in the stomach into a chloride, to which the good effects must be referred, should any ensue. If so, then why not give the chloride? This had been done, and he was inclined to believe it possessed all the powers of the nitrate. Dr. Perry, of Philadelphia, whilst resident Physician of the Hospital, had often administered it, and he thought with advantage. The lecturer referred to obstinate cases of ulceration, which had resisted the laxative, astringent, terebinthinate, mercurial and external treatment, and stated, that they must be left to the recuperative powers, under which they may cicatrize; but too often they wear out the patient gradually, or terminate in perforation and death, of which the class had seen an example lately.

PNEUMONITIC ABSCESS.

The Professor took occasion to mention, that the case of pleuro-pneumonia terminating in pulmonic abscess, which he had exhibited at a previous lecture, was gradually failing, the abscess having invaded the lung almost to its apex; that marked hectic had supervened, and he did not think the patient could survive many days. He expected to have to direct their attention to the case again at an early period.

CARDIAC DISEASE.

An extraordinary and interesting case was now presented before the class, in which the diagnosis was by no means easily made out. The patient, a sailor, had suffered five years ago from acute rheumatism, from which he recovered and remained well

until about eighteen months since, when he was in the hospital under the lecturer's care, laboring under dropsy dependent upon valvular disease of the heart; the consequence, probably, of endocarditis in the former attack of acute rheumatism. He was treated for these affections, which appeared to have mainly yielded, with the exception of more or less dyspnœa on making exertion; when he was seized with the initial symptoms of his present condition. These at present are, pain over the spine between the shoulders; tenderness on pressing the parietes of the chest anteriorly; some dysphagia—at times partial, at others throughout the tube; respiration very variable; sometimes as high as sixty-four per minute, and blueness of face and lips. About three months since, he perceived a tumour between the cartilages of the third and fourth ribs, at the left margin of the sternum, which has gradually developed itself, and has either pushed aside, or partially absorbed, the cartilage of the fourth rib. The whole præcordial region is prominent, and heaves with every beat of the heart. When the finger presses on the tumour, fluid is plainly perceptible, and at each systole of the heart, the finger is elevated. The spiral turn of the heart from left to right, during the systole is distinctly seen. Pulse, under excitement, small and soft; ordinarily, hard and tense; a withdrawal of the apex of the heart from the region below the nipple at every pulsation; no venous pulse; percussion from third rib to the base of the chest dull, and very painful; a thrill is felt in the prominence during the diastole, but none during the systole; second sound is harsh and loud, louder the lecturer thought than any valvular sound he had ever heard, like whispered *hoo*, most distinct over the tumour, or near the apex of the heart. Both sounds are modified, the first being confused and heard distinctly. Posteriorly, they are feeble and distant. Has had considerable œdema of the limbs, which still exists to a slight degree. The difficulties in the diagnosis were described by the Professor. The pulsation in the tumour, together with the functional phenomena and certain of the physical signs might lead to the conclusion that aneurism exists. The tumour appears to be too low down for aneurism of the ascending aorta, and the phenomena would scarcely indicate the descending. It may possibly be an abscess of the chest, pulsation being communicated to it by the heart; but along with this there must be serious disease of the valves as indicated by the rasping sound during the diastole.

The Professor drew upon the black board a representation of the heart seen in section, and explained the two sounds of the heart in health and disease, and their connection with the systole and diastole of the organ, and inferred, that the abnormous second sound occurring during the diastole might be referred to a morbid state of the semilunar valves of the aorta; yet the sound was heard more distinctly over the tumour, or near the apex, than immediately over the valves.

After a careful and minute investigation of all the phenomena, he was disposed to lean to the belief in the existence of aneurism, yet it was difficult to say where it was seated; and that it is possibly complicated with an abscess anterior to the pericardium. If such be the nature of the case, no therapeutic treatment is likely to prove beneficial; he advised perfect rest of body and mind. Had the patient been of active habit it would have been well to prevent the accumulation of too much blood. In this case, however, this course would not be necessary or proper, as the patient is rather anæmic. To throw light on the case, we must wait the further development of phenomena, which the Professor stated he would report to the class.

ANEURISM OF THE AORTA, &C.

An interesting pathological specimen of aortic aneurism, which had not been suspected during the life of the patient, was exhibited.

The patient, a colored female, aged 34, entered the house, presenting marked symptoms of bronchitis—fever, cough, considerable dyspnœa, free mucous expectoration, which was colourless and frothy; percussion clear; rhonchi of almost every description continually changing from one to another; indeed, every symptom indicating extensive bronchitis of both lungs. She was treated by blisters, remedies to relieve the cough, &c., which afforded but temporary relief. The first sound of the heart was roughened (bellows' sound,) the second clear and distinct, and the action of the organ irregular, and spasmodic, as it were; but no sounds were heard which led to the suspicion of aneurism. Two days before her death, she was attacked with evident signs of pneumonia of the lower lobe of the left lung, and under these complications she sank.

Dissection showed an aneurism of the arch of the aorta, the sac of which was almost filled with fibrinous matter. The lining membrane of the aorta was much inflamed and injected,—(*endo-aortitis.*) The heart was natural with the exception of the mirtal valve, which was wasted and therefore insufficient. This accounted for the bellows' sound accompanying the first sound of the heart, and was doubtless owing to regurgitation through the auriculo-ventricular opening. The lower lobe of the left lung exhibited the first stage of pneumonitic condensation. The corresponding portion of the pleura pulmonalis was likewise inflamed.

The Professor concluded by some remarks in the great difficulty that occasionally exists in the diagnosis of aneurism of the aorta,—so great, that excellent observers have concluded there is no pathognomonic sign. He referred to three published cases, which had occurred to gentlemen of eminence, and were treated as cases of chronic laryngitis,—the rhonchi, affection of the voice, and other morbid phenomena, referable to the air passages, being [illegible]nced by the pressure of the aneurismal tumour. He had no doubt that in the case of this female, many of the anomolous rhonchi were caused in this manner, as well as the bronchitis itself.

CLINIC OF PROFESSOR MÜTTER.

December 13, 1843.

(Reported by H. T. Child.)

CASE OF LUPUS.

The patient now before you has suffered for six years from an ulcer which involves the inner canthus of the eye and a portion of the nose. The ulcer commenced as a small tubercle, which opened, and the ulcerated surface has gradually increased, until at present it equals in size a quarter of a dollar. Its margins are elevated, hard, everted and whitish—the granulations forming the surface are firm, irregular in shape, and scarcely sensible to any impression—the secretion is glairy and alkaline, without much fetor, and there is often a sharp lancinating pain from which the patient suffers considerably. The adjacent soft parts for two or three lines are reddish,

hard and swollen, but the lymphatics are not diseased, nor has the general health of the patient suffered materially. He is 45 years old, and has no recollection of any such disease having existed in any member of his family—nor can he trace it to any manifest cause in his own case. We shall give him five drops of Donovan's Solution three times a day in a wineglassful of water, and apply "Adams' paste" to the ulcer.

Remarks.—This is obviously a case of Lupus, a disease evidently recognised by the ancients, although the views they entertained relative to its pathology and treatment were crude and incorrect. It received the appellation of Lupus from Willan and Bateman, but various other terms have recently been introduced, and in consequence of this the student often finds difficulty in deciding which to select. I wish you to bear in mind, however, that the herpes excedens, dartre rongeante, leperoid tumour, and lupus mean one and the same thing.

The seat of this disease is usually some part of the face, and especially the nose, but it may be developed in other regions of the body. Usually it commences in the skin, but the mucous membranes of the nose or cheek may be first attacked.

According to Biett, Lupus presents in its origin three distinct forms. In the *first*, the ulcer extends along the surface, and rarely, if ever, involves the deeper seated tissues. In the *second* the reverse of this obtains, and it penetrates rapidly, destroying all the tissues in its vicinity. In the *third*, there is decided and extensive *hypertrophy* of the parts involved.

In each variety the symptoms are peculiar. When, for instance, Lupus is confined to the superficial layer of the skin, we have at first merely redness of the surface, in spots of different sizes—from which the cuticle separates in the shape of thin scales—leaving the surface smooth, shining, red, and resembling the cicatrix of superficial burns. There is no pain—nor have we any tubercles or scabs. In other cases the disease commences by the development of small, soft reddish tubercles, which in time coalesce, increase in size, and ulcerate, the ulcer being covered with a brownish crust like the bark of a tree, and whenever this crust is removed the ulcer extends, and larger scabs and crusts form. In this variety the destruction of the surface is often very extensive.

In that form of Lupus which is characterized by a deep ulcer, the disease commences with redness and tumefaction—the tumefied part soon becomes violet coloured or livid, and then ulcerates.

The ulcer is covered with a thick scab, which falls off, to be succeeded in a few days by one of larger size. The nose is usually the seat of this form, and is often destroyed in part or entirely.

When Lupus is complicated with hypertrophy the disease begins by the development of several soft, indolent tubercles, which run together at their bases, and do not ulcerate. They gradually increase, until the part attacked assumes in many casen an enormous size—from the surface of which the cuticle is constantly peeling off, without the formation of a distinct crust, scab or ulcer.

Lupus may continue a nnmber of years without giving the patient much trouble, but often it runs its course in a few months. It is for the most part a disease of youth, and must not be confounded with the noli me tangere of old persons.

With respect to the character of its causes, it must be confessed that we know very little. It is often found in scrofulous individuals, and those whose cutaneous surfaces are liable to eruptive diseases, particularly erysipelas.

Lupus has been mistaken for acne rosacea, tubercular lepra, elephantiasis, noli me tangere, and syphilitic ulcerations, but a careful examination of the case will enable us readily to distinguish it from these diseases.

The prognosis is always unfavorable, inasmuch as it generally proves obstinate, and causes great deformity before our remedies can prevail against it. It cannot, however, so far as the life of the patient is concerned, be considered a dangerous disease.

In the treatment of lupus, general remedies rarely prove of much value, the affection being often purely local in its character. Still where any constitutional symptoms are present, it is essential to resort to such measures as shall cause their removal. I have sometimes derived much benefit from the iodide of potassium, when a scrofulous diathesis was manifest, and sometimes Donovan's Solution,—the liquor hydriodatis arseneci et hydrargyri,—will prove useful when the ulcer resists the usual local treatment.

The local treatment depends somewhat upon the nature of the case, but I caution you against resorting here to the application of the different—so called—*resolvent* washes and ointments. When lupus really exists, we may resort to one of three modes of operation:—First, cut out the disease entirely, and heal the flaps by the first intention. Second, cut out the disease, and supply its place with a flap of healthy skin taken from its vicinity. Third, apply some powerful caustic, which destroys the diseased part in a short time, causes a slough, and thus gives us a healthy surface on which granulations form. The caustics I prefer, are the chloride of zinc, or Adams' Paste, thus prepared

℞. Arsenici Oxydi, ℥j.
Unguent. Cetacei, ℥ss:
Emplast. Cantharidis, ℥iij.
M. Ft. Ung.

Or Adams' Powder, thus,

℞. Arsenici Oxydi, ℥j.
Calcis, ℥ss.
Cupri Sulphat. ℥ss. M.

A small quantity to be dusted upon the ulcer; after the slough is detached, simple dressings are sufficient. *(To be continued.)*

BIBLIOGRAPHICAL NOTICES.

On Inflammation and Abscess of the Uterine Appendages. By Fleetwood Churchill, M. D., M. R. I. A. &c. (Read before the Surgical Society (of Dublin), January 28th, 1843.)

The subject of this Essay is "inflammation of the uterine appendages, terminating most frequently in abscess, sometimes unconnected with childbirth, but more frequently following delivery within a longer or shorter time."

In the opinion of the author, "the affection is sufficiently frequent to merit our careful attention, and there is reason to believe that it is even more so than has been suspected; nor is it improbable that many females have owed the delicate health in which they have remained for some time after confinement, to this condition of the parts, undetected because of the obscurity of the symptoms; neither has it been very distinctly recognized by writers on the diseases of the womb,—their observations are slight and the cases few." The histories of twenty-three cases are given, occurring under the observation of

the author, or extracted from the writings of Clarke, Puzos, and others, illustrating the subject of the paper. "Inflammation of the uterine appendages may occur, he remarks, in an acute or chronic form. In the former, it constitutes one of the varieties of puerperal fever, and has been most ably treated by Clarke, Lee, Ferguson, Puzos, &c." Dr. Churchill therefore confines his remarks chiefly to the disease in the chronic form. The causes, mode of invasion, symptoms, terminations, diagnosis, and treatment, are discussed in the peculiarly terse and forcible manner so characteristic of all the author's productions.

The Anatomy and Surgical Treatment of Abdominal Hernia. With numerous plates. By Sir Astley Cooper, Bart., F. R. S., Surgeon to the King, and Consulting Surgeon to Guy's Hospital. *From the Second London Edition.* By C. Aston Key, Senior Surgeon to Guy's Hospital, and Lecturer on Surgery. Imperial octavo, pp. 427. Philadelphia: Lea and Blanchard, 1844.

This elaborate work of the English Baronet, is not now before us for the first time, to challenge criticism or excite remark. Forty years have elapsed since it was originally published in London, and the experience of that long period has confirmed the accuracy of its delineations, and the excellence of its precepts. Hitherto, however, its costliness and inconvenient size have kept it out of general circulation; and we rejoice that the Philadelphia publishers have brought it out in a form and at a price that will render it accessible to all.

To such as have never seen the work, we will observe that it contains a full and accurate description of "The Anatomy and Surgical Treatment of Abdominal Hernia."

It has been a primary object with the author "to trace the progress of the disease from its commencement, to explain the nature and uses of the parts contiguous to hernia, which are in any way connected with its formation and increase; and especially to describe, with sufficient minuteness, the surrounding arteries, as far as their course interferes with the operations of the surgeon;" and, likewise, "to lay down rules for operating, calculated to meet all the varieties of Hernia hitherto discovered." In the attainment of these objects the distinguished author has been eminently successful, and the work is unquestionably one of the most valuable practical treatises on the subjects on which it is written that have ever been presented to the profession.

The present edition contains numerous plates, lithographed by Sinclair, in his very superior manner. It is printed on strong white paper, with new type, and is altogether extremely creditable to the American press.

THE MEDICAL EXAMINER.

PHILADELPHIA, FEBRUARY 10, 1844.

YALE COLLEGE.

The catalogue for the present year, of this old and respectable institution, exhibits it in its wonted prosperity.

The number of the Medical Class is sixty. Of these, it appears by the New Haven Herald of the 24th ultimo, that *eighteen* were admitted to the Degree of Doctor of Medicine at the late Commencement.

SYDENHAM SOCIETY.

We understand that a society has been formed in London with the above title, consisting of many of the most distinguished members of the medical profession, the leading object of which is to meet certain acknowledged deficiencies in existing means for diffusing medical literature, which are not likely to be supplied by the efforts of individuals. "The Society will carry its objects into effect by a succession of publications, embracing, among others: 1, Reprints of standard English works, which are rare or expensive; 2, Miscellaneous selections, from the ancient and from the earlier modern authors, reprinted or translated; 3, Digests of the works of old and voluminous authors, British and foreign, with occasional biographical and bibliographical notices; 4, Translations of the Greek and Latin medical authors, and of works in the Arabic and other eastern tongues, accompanied, when it is thought advisable, by the original text; 5, Translations of recent foreign works of merit, and orginal works of merit, which might prove valuable as books of reference, but which would not otherwise be published, from the slender chance of their meeting with a remunerating sale, such as bibliographies, alphabetical and digested indexes of voluminous periodical publications, &c.

Already, the list of members amounts to upwards of 1400; and the Society feels itself authorized to take immediate steps for carrying its intentions into effect. Two works are in press, which are expected to appear very shortly. The subscription constituting a member is *five dollars*, to be paid in advance, in March, annually, for which he is entitled to a copy of every work published by the Society for the year for which he subscribed.

The works of the Society will be handsomely printed, on a uniform plan, for members only. It is not competent for book clubs to subscribe to the Society as members, but it will be permitted to societies and institutions, having *permanent* libraries, to subscribe to the Society, in the name of their President, Secretary or Librarian, or other responsible officer."

The Society invites the co-operation of members of the profession in the United States, and, to enable such to participate in the enterprise, has requested Professor Dunglison to act as Local Honorary Secretary for Philadelphia, which he has consented to do. To him the published works of the Society will be forwarded to subscribers in this country, and subscriptions may be sent through the same channel.

"*Case of successful Peritoneal Section for the removal of two diseased Ovaria complicated with Ascites.* By John L. Atlee, M. D., of Lancaster city, Penn.

This is the title of a most valuable paper contained in the last number of "The American Journal of the Medical Sciences," and referred to by Professor Dunglison in his communication inserted in the last number of the Examiner.

The patient was about twenty-five years of age, and had been in bad health since December 1836. On the 2d of June, 1840, she was tapped, and twenty-pounds of a

clear and very light straw-coloured serum were removed. In July, 1842, twelve-pounds more were taken away; in December of the same year, twenty-two pounds. At this time, during the escape of the fluid, Dr. W. L. Atlee "was sensible of a hard substance falling against his hand; which, upon examination, proved to be a rounded hard tumour just above the right inguinal region, rising out of that side of the brim of the pelvis, and as large as a turkey's egg. It was movable to some extent, but seemed attached to the right side. After a careful examination the narrator and his brother, Dr. W. L. Atlee, came to the conclusion that the tumour originated in the right ovarium; and, from the absence of all other evidence, they believed, had been the cause of the ascites. From this time the tumour was frequently examined, and was observed gradually to increase. On the 13th of May last (1843,) thirty-two pounds of serum were removed, possessing all the characteristics of the fluid previously taken away, except that it was rather more highly coloured. The tumour was found to have rapidly increased, and was now quite as large above the brim of the pelvis as the fœtal head."

"*Operation.*—June 29, 1843. The patient was placed upon a common dining table with the leaves down. Her body was slightly elevated, with her head and shoulders supported by pillows, her feet resting on chairs about two feet apart. Standing on her right side, with my brother, Dr. W. L. Atlee, as my principal assistant, and in the presence of Drs. Humes, Parry, Neff, and Ehler, and of Messrs. Bare, Coxe, and Richards, our pupils, all of whom promptly and kindly rendered such assistance at the several stages of the operation, and at such stations about the patient as had been previously assigned to them, I commenced by making an incision about nine inches long, through the skin and cellular tissue, from half an inch below the umbilicus to within an inch and a half of the upper surface of the symphysis pubis. The length of the incision between these two points was owing to the ascitic distension. An opening was now carefully made through the linea alba, a director introduced, and an incision made for an inch each way above and below the opening. Some slight difficulty occurred in doing this exactly in the median line, owing to the adhesions between the parts, occasioned by the previous wounds in tapping. The peritoneum was now exposed, and to test the fact, whether the dropsy were peritoneal or encysted, which had been the subject of discussion between my brother and myself, a very small opening was made through it with the point of the scalpel. This was immediately followed by a discharge of thin and pale straw-coloured serum. Being now satisfied that the dropsy was peritoneal, and had been caused by the obstruction to the circulation, and irritation produced by the tumours, I plunged a trocar through the opening, and drew off about eighteen pounds of a similar fluid. The abdominal cavity was then emptied as much as possible, by pressure on its whole anterior surface, and the fascia and peritoneum opened by the probe-pointed bistoury, guided first by the director and subsequently by the two first fingers, to the extent of the first incision. About two pounds more of serum escaped from the most dependent part of the wound. The first thing that presented itself, when the cavity of the abdomen was opened, was the upper and inner part of the tumour, as large as a goose-egg, composed of very small hydatids, varying from the size of a millet seed to that of a dried pea, and of a cream colour, projecting out of the pelvis on the right side, above the peritoneal investment of the tumour, and overlapping it like a mushroom for half an inch in every direction. Above this, and to the right, was seen that portion of the tumour which projected highest above the brim, covered by peritoneum, and extending over the iliac vessels. In the centre of the pelvis, and very much 'in situ,' the fundus uteri could be seen, forming the plane surface previously felt through the integuments, and closely wedged between two ovarian tumours. The left ovarium filled completely that side of the cavity of the pelvis, and rose one and a half or two inches above the brim having the fallopian tube and broad ligament expanded over it. The fundus of the vesica urinaria, which had been emptied just before the patient was placed on the table, was close behind the symphysis pubis, and appeared to occupy but little space. The right ovarium, on the right side of the hydatid portion, was elevated about four inches above the brim of the pelvis; and was, to my surprise, firmly attached all round the brim and sides, from the crest of the pubis to the projection of the sacrum. From the sulcus formed between the hydatid portion, and that covered by the peritoneum, and strongly attached to it, a bright red fillet or band of arteries, about five-eighths of an inch wide, and six inches long, and resembling, in regularity of arrangement and size, the texture of a gum elastic suspender, extended obliquely across the median line of the body, and was attached to the omentum high up in the left hypochondriac region. From the highly injected appearance of the investing membrane of this fillet, I am induced to think that it was the seat of the pain in the above region of the abdomen, so frequently complained of by the patient; which pain had suddenly returned two days before the operation, and still existed at the time of it. As these arteries, from their size and number, seemed to afford the principal supply of blood to the tumour, a single leather ligature was thrown around the whole, tied firmly and cut off close to the knot. They were then divided within half an inch of the tumour. I next tried to introduce my fingers between the tumour and the brim of the pelvis, but this was rendered impossible by the firmness of the bands above alluded to. It was now found necessary to extend the incision through the skin, fascia and peritoneum down to the symphysis pubis, to facilitate the dissection of the anterior part of the tumour. I then commenced near the crest of the pubis, and by means of the scalpel, probe-pointed bistoury, and the fingers, cautiously separated the adhesions two-thirds of the way round the right side of the pelvis. At this point the bands were particularly firm, and in dividing them an artery of considerable size was cut. This was tied with a leather ligature, and cut off close. It was at this stage of the operation, that in raising a flap of thickened peritoneum, I discovered beneath it the proper, or albugineous coat of the ovarian tumour, and the whole character of the disease was disclosed. In almost all ovarian tumours, we find them covered with a complete peritoneal investment. In this case it appeared, that the inferior portion of the right ovarium first became diseased and expanded, and in doing so, after having separated the folds of the peritoneum composing the broad ligament, dipped down into the pelvis, and gradually filled it on the right side. As the tumour increased, it raised up the peritoneum lining that side to the level of the brim, and there it became firmly attached. But one artery passed into the tumour in that direction. After this was cut and tied, and the peculiar relations of the tumour were exposed, one sweep of the bistoury sufficed to clear it from its posterior connections, and after break-

ing up the cellular attachments in the basin of the pelvis with my fingers, I raised the whole out of its bed. That portion of the tumour above the brim, overlapped the iliac artery, and I felt it pulsating strongly when I separated the tumour.

Previous to this time, the small intestines were protruding through the external wound, and interfered with the dissection. Drs. Neff and Parry, had been requested to make pressure upon the sides of the abdomen, with the intention of confining them under the relaxed integuments; but we soon found that this pressure only occasioned a more obstinate protusion; and during the remainder of the operation, they were easily restrained by my brother, who supported them within the cavity, in the palm of his hand, in the upper angle of the external wound. It was, therefore, unnecessary to use the soft flannel envelopes, wrung out of warm water, previously provided. While engaged in doing this, the extremity of his fingers rested upon the aorta. The benefit of the previous treatment was strongly exemplified in the collapsed appearance of the intestines. They lay flat within the abdomen, and quite free from flatulent distension. Their peritoneal coat was of a pale pink colour, and slightly injected.

So great was the development of this ovarian tumour within the pelvis, and so closely adherent to the uterus, that considerable traction had to be made on one side, while my brother drew the uterus in the opposite direction, before I could pass a common suture needle, armed with a strong double ligature, through the broad ligament between them. The pedicle was then tied very lightly above and below. At the moment of tying the upper one, or that embracing the fallopian tube, the patient complained of considerable pain. Additional force was now necessary to draw the tumour from the ligatures, so as to afford space between them to sever the ligament. It was much thickened and very vascular. The tumour was now removed on the right side. That formed by the left ovarium next required attention, and occasioned but little difficulty. It was covered throughout by peritoneum and was unadherent, except by its natural attachment. As before stated, it filled up completely the left side of the cavity of the pelvis, the uterus being jammed closely between the two. It rose about two inches above the brim. Passing the fingers of the right hand between the side of the pelvis and the tumour, it was readily slipped from its bed, and given to be held by the assistant. Another needle, armed with a double silk ligature, was then passed as before, and tied above and below. The patient complained of similar pain when the left fallopian tube was tied. The broad ligament was now divided and the tumour removed. The uterus, free from disease, remained standing upright in the pelvis and shorn of its natural attachments. The cavity of the pelvis, which contained some blood and more serum, (for very little hæmorrhage attended the operation,) was now quickly cleansed by a succession of *very soft* sponges, rapidly handed to me by careful assistants. This I considered preferable to turning her upon her face, as was done in some previous operations, for the purpose of evacuating the fluids. Deeming it most advisable to remove the leather ligature around the omental arteries, as my leather ligatures had not been satisfactorily prepared, I did so, and replaced it by a silk one—one end of it was cut off close and the other brought out at the lower orifice of the wound. No hæmorrhage followed the removal of the ligature, and on squeezing the extremity of the fillet of arteries, several circular coagula escaped from their mouths. The edges of the whole external wound were now carefully approximated and secured by seven *hair-lip* sutures—separated about an inch from each other. These sutures were made by passing common small sized sewing needles, held in a "*porte-aiguille*," deeply through the parietes, but exterior to the fascia and peritoneum. The intervening spaces were covered with adhesive strips—the ligatures, five in number—the arterial one being marked by a double knot—were brought out below, turned over on the left side, and secured by a strip of adhesive plaster. Over these strips a folded portion of patent lint was placed; a folded napkin as a compress; and the whole secured by a broad and firm bandage, carefully pinned. The wet clothes were replaced by dry ones, and the patient carried to bed and placed on her back, with her head and shoulders slightly raised, and the limbs extended. Twenty drops of elixir of opium were then given to her. The operation lasted about 45 minutes—15 of which were spent in removing the water through the canula. By far the largest portion of time was occupied in separating the large tumour from the brim and sides of the pelvis. The operation was not interfered with by the occurrence of any unfavourable symptoms, neither nausea nor vomiting occurred then, nor subsequently. There were was some eructations of wind just before removing her from the table. The pulse, which was 104 at the commencement, was precisely 100 at the conclusion, with some, and but slight, diminution of force. During the whole of this trying scene the patient evinced the utmost composure and fortitude; replying in a firm tone to such questions as were necessary; and expressed herself with cheerfulness and gratitude when informed that it was concluded."

Nothwithstanding the great severity of the operation, and extensive exposure of the abdominal contents, the patient recovered; being relieved both of the diseased ovaria and the ascites. On the 22d of July, Dr. Atlee ceased visiting his patient "with any regularity;" on the 26th of September the last ligature came away, and the fistulous opening immediately healed; on the 21st of October, the patient, after an absence of six weeks returned to town, much improved in flesh and strength, and apparently restored to perfect health. The treatment of the case, from the time that Dr. Atlee first took charge of the patient, until her recovery from the perilous operation, appears to have been highly judicious, and the operation skilfully performed. In our next number we shall endeavour to find space for a short notice of the case of Mr. Southam of Manchester, operated on in March last, and that of Mr. Walne, in September—being his third case.

WOUND OF THE AORTA AND PERICARDIUM.

The following case is interesting in a medico-legal point of view:—A Spanish refugee was struck by one of his companions with a knife in the back. The blade broke at a little distance from the skin. The patient walked to the hospital, where he died two hours after. At the *post-mortem* examination, it was found that the knife had penetrated between the seventh and eighth dorsal spines, that it had cut or broken a portion of one of these processes, crossed obliquely the vertebral canal, traversed the body of the vertebra from below, and a little to the right side of the centre, and then wounded the aorta below its arch. The pericardium was divided to the extent of five millimetres; it contained three grammes of blood. The pleuræ, but more especially the left, were filled with a considerable quantity. The spinal cord was not affected.—*Dublin Journal*, from *Bull. de Thér.*

MR. LISTON ON ENCYSTED HYDROCELE.

Mr. Liston is inclined to believe that some of the collections of fluid in the scrotum are more intimately connected with the testicle than has generally been supposed. He observes, "Some nine or ten months since, I was consulted by a healthy-looking gentleman, beyond the middle period of life, on account of tumour of the scrotum. There was plainly fluid on both sides. The largest cyst was punctured, and gave exit to some eight or ten ounces of thin fluid, which might be compared to distilled water with a little soap diffused through it. The other side of the scrotum was punctured a few months afterwards, and, as far as I can recollect, ordinary looking serum, to the extent of five or six ounces, was discharged.

"A short time since, the patient returned, to have the original cyst again emptied. About the same quantity of fluid was drawn off, and of the same quality as at first. This fluid was examined chemically, and scarcely a trace of albumen could be detected.

"On the second day, a minute quantity was put in the field of the compound microscope, and my surprise was great indeed when it appeared quite full of spermatozoa; there were, besides, to be detected some of the primitive cells, in which the spermatozoa are developed, and a certain number of mucous globules.

"It is to be regretted that the microscopic examination did not take place immediately after the fluid was obtained, so as to have ascertained whether the animalcules presented their usual liveliness of motion."

In a postcript, Mr. Liston informs us that the preceding observation has been confirmed by the examination of the fluid from a small cyst above the testicle of a man 33 years of age. The fluid here was nearly colourless, and contained numerous spermatozoa, some of which continued to move for a considerable time after the cyst was evacuated.

M. CHOMEL ON THE DIAGNOSIS OF PNEUMONIA.

In one of his recent clinical lectures at the Hôtel Dieu, M. Chomel made the following remarks on the importance of shivering as a diagnostic sign of thoracic inflammation, in commenting upon a case of pneumonia that was in the wards at the time:

"I took much pains in questioning this patient, to ascertain whether she had experienced any chill, before the commencement of the attack; and her reply was always in the negative. This circumstance appears to me of importance; and it is therefore designedly that I now call your attention to the subject, seeing that it is the professed opinion of many physicians that pneumonia, like articular rheumatism, may generally be traced to the influence of damp and cold. The results, however, of my own experience, as well as of that of many others whom I know, are quite opposed to this opinion. No doubt it often happens that pneumonic patients will be found to have been chilled some time before the attack came on; but assuredly the chill is not the only, nor even the principal, cause of the disease. If we inquire into the particulars of a case, we shall generally find that there was a predisposition to the malady present in the system at the time, and that the chill only accelerated the development of the mischief.

"It was merely the occasion, so to speak, of the explosion of a pre-existing morbid state; just in the same manner as a simple indigestion may be the exciting cause of a gastric inflammation in a person, in whom there is a strong disposition to this disease.

"But the same remark does not hold true of shivering when this occurs at the commencement of a disease. In my opinion it is an almost invariable sign of pulmonary inflammation. Whenever, therefore, this symptom is or has been present, the physician will do wisely to direct his attention to the chest; and very generally, at least according to my experience, he will find that an inflammatory process has been set up in the lungs—unless indeed some well-marked symptoms clearly point to another organ as the seat of suffering. I do not deny, as a matter of course, that an attack of peritonitis, enteritis, &c., is sometimes ushered in with shivering; all that I mean to assert is, that this symptom is infinitely more common as a precursor of pneumonia than of any other inflammation. Hence in practice, whenever any of my patients has a well marked shivering fit, even although other symptoms indicative of disease elsewhere be strongly marked, I at once suspect that the lungs are more or less seriously affected. On very many occasions indeed, this symptom alone has sufficed to suggest to me the right diagnosis, while other medical men, who have seen the case at the same time, have formed a very different opinion.

"There is another character which equally deserves the attentive consideration of the physician—and that is the pain in the side. In pleuro-pneumonia the pain is generally seated in the region of the mamma, although the affected part of the lung does not correspond to this point, or perhaps extends much beyond it. It has been suggested, in the way of explanation, that there is a greater degree of friction between the pulmonic and the costal pleuræ at this point than at any other, and that this may be the cause of the phenomenon in question. But if such were the case, the pain should surely not be limited to so circumscribed a spot, but should extend over all the surface where this greater friction is experienced; and we might expect, moreover, that it should change its locality —which certainly does not hold true. No satisfactory explanation has hitherto been offered of this symptom, and we must therefore confess our ignorance upon the point.—*Dublin Journal*, from *Gazette des Hôpitaux*.

EXTRAORDINARY CASE OF VARIX.

A woman, pregnant for the fifth time, presented very large varices on her legs at the end of the fourth week. Soon afterwards they extended up the abdomen, and two months before her confinement they had even spread up to her arms, breasts, neck, and scalp, so that there were more than fifty large knots on the upper part of the body. All motion was painful, on account of the friction and pressure attending it.

A regulated diet, repeated purgatives, small bleedings, the applications of compression, and the horizontal position, were the remedies prescribed, which gave some relief, although but little.

The child was born without much difficnlty, but died shortly afterwards. The mother rapidly sunk, though the hæmorrhage was not considerable. The uterus contracted little, and the accoucheur discovered, on examination, a mole, which he did not like

to remove, on account of the weakness of the patient. She died shortly afterwards, but a post-mortem examination was refused.—*Provin. Med. Journal, from Med. Zeitung.*

CÆSAREAN SECTION SUCCESSFULLY PERFORMED; BOTH MOTHER AND CHILD SAVED.

A woman, aged thirty-one, who had borne five children naturally, was attacked with violent arthritis during her sixth pregnancy. The pelvis became so deformed that the finger could scarcely be introduced between the tuberosities of the ischium and the ascending rami, on either side; the pubes also formed a very prominent angle, the sacrum projected much forwards, and the os uteri could not be reached. On the 27th of July, 1840, labour having commenced, and the contraction of the pelvic diameter being well ascertained, the Cæsarean section was determined on, and was performed in the linea alba by Dr. Arnoldi. The results were most fortunate; the mother nursed the child herself, and the wound healed by the beginning of September.—*Ibid, from Casper's Wochenschrift.*

LACERATED WOUNDS.

Hæmorrhage does not generally follow these, coagulation having soon taken place in the orifices of the injured bloodvessels. A boy was drawn by a machine-rope to a ceiling. His arm was torn off into another apartment, and his body fell to the ground. He recovered! There was no bleeding. As nerves have been injured, guard against tetanus. In old people erysipelas may follow. This kind of wound is unfavourable for adhesion; attempt it, notwithstanding, by the first intention. Treat a lacerated wound as you would an incised wound. But against threatened tetanus or erysipelas use tepid anodyne lotions instead of the balsam dressing and cold application.—*Sir Charles Bell, from London Lancet.*

BUBO IN THE PELVIS.

This is a case very little spoken of in books, and still more rarely met with in practice.

B. Poulonga, aged eighteen, had about six weeks ago a chancre, which presented no particular complication till, after a day of fatigue, he experienced a severe pain in the right iliac fossa. It must be remarked that the chancre occupied the corresponding place at the base of the prepuce, namely, the right side. The pain in the iliac region increased so much, that he was obliged to discontinue his work, and he passed a fortnight without sleep.

When he came into the hospital, the patient had very high fever, with a vague tumefaction, very painful, in the right iliac fossa; the least pressure was insupportable; the stretching out of the limb impossible, and all the movements of the body, especially coughing, were felt most painfully at the seat of the disease.

For some days before his admission the chancre disappeared. Forty leeches to the swelling; emollient drinks; rigid abstinence. The next day he declared himself better; twenty leeches were again applied. After some days the abdominal parietes had recovered their suppleness about the swelling, and hard ganglions could be felt, without pain, above Poupart's ligament, and in the iliac fossa. At the end of ten days the patient was perfectly cured.—*Prov. Med. Jour., from Gaz. des Hopitaux*, Nov. 7., 1843.

PERFORATING ULCER OF THE APPENDIX VERMIFORMIS.

Dr. Lees laid before the Dublin Pathological Society some recent specimens of disease of the intestines in children. The first were from a child four years old, that had died during this week in the South Union Hospital. This child had been suffering from chronic diarrhœa, and was in a state of great emaciation; the discharges from the bowels were intermixed with shreds of lymph in the membranous form, but there were no sanguineous dejections; there had been incessant vomiting during two days previous to death, the large intestine was very vascular, and all its coats thickened; beneath the mucous membrane were several ecchymosed spots; the vascularity was greatest in the rectum; the lower portion of the ileum also was very vascular, thickened and coated internally with adherent lymph; the coats of the stomach were thickened, and there was a deposition of lymph on its mucous surface, similar to that on the ileum; the mucous membrane itself was of a brown color, and very vascular, presenting an appearance similar to that called *mammillary* by Louis, and *granular* by Hodgkin. From the pylorus to the ileum the intestine had no unhealthy appearance.

The next specimens were from a child of fifteen months old, which had been admitted only a week previously, at which time it was described to have been laboring under chronic diarrhœa. On examination of the body after death, the mesenteric glands were found affected by tubercle; the mucous surface of the large intestine was thick, warty, and vascular; but the most remarkable lesion was in the appendix vermiformis, about the middle of which was observed a large patch of green lymph, which covered an ulcer that had nearly perforated into the peritoneal cavity; the mucous membrane appeared to have been removed round a large portion of the tube of the appendix, and in the centre of this ulcerated part was the minute perforation, which was only prevented from communicating with the sac of the peritoneum by this deposit of bright green lymph; there was no peritonitis. Dr. Lees said that this case was interesting, on account of the early age of the subject, as, although many cases are on record, and the pathological lesion has been fully described, yet, the earliest age hitherto mentioned at which it had occurred, was six years, in a case described by Dr. Burne, in his memoir on tuphloenteritis, published in the "Medico-Chirurgical Transactions."—*Dublin Journ. Med. Sci.*, November, 1843.

M. TROUSSEAU ON URTICATION IN THE TREATMENT OF RUBEOLA:

In a recent number of the "Journal de Medecine," after recalling the wise precepts of Sydenham, who advises not to use stimulants in the treatment of persons labouring under eruptive fevers, and not to keep them too warm. M. Trousseau remarks that, although these precepts are generally correct, we must not entirely proscribe the employment of local or external excitants when the exanthema has disappeared abnormally. He then states that in several instances he has resorted with great advantage to urtication, and gives the following case:—A young woman was received in his wards on the sixth day, of a rubeola. The eruption was very intense, but on the day following her admission she was seized with very acute capillary bronchitis, and the eruption disappeared. Copious bleeding was resorted to without success, and the dyspnœa became so intense, the pulse was so small and frequent, that he despaired of her life. He then gave a sufficient dose of ipecacuanha to pro-

duce vomiting, and when she had recovered from the state of semi-syncope into which the vomiting had thrown her, he had her severely fustigated with nettles from the head to the feet. The effect was truly magical. In the course of a few hours after the remedy had been resorted to, the oppression had ceased, the fever had nearly disappeared, and convalescence had commenced.—*London Lancet.*

GOUT—COLD-WATER TREATMENT—TRANSLATION TO THE HEART AND STOMACH—DEATH.

Mr. Baker, a surgeon at Uxbridge, was attacked with regular gout in the feet, which continued nearly stationary for three days, unattended with fever, or any material inconvenience. The fourth night was restless, the pain and inflammation increasing, but still confined to the feet. Mr. Baker resolved to try the treatment recommended by Dr. Kinglake, and accordingly applied, first, cold air, then sponging with cold water, and, lastly, cloths dipped in iced water, with manifest relief. About five hours afterwards the pain was quite gone, and the pulse 78. On getting out of bed, however, a fainting fit came on, which was removed, and he took some breakfast. A slight inflammation was observed in the knees, which was removed by the ice water. Four hours afterwards he was found by Mr. Edlin, who had been called into him, lying on his back, with difficult hurried respiration, cold extremities, and quick fluttering and intermittent pulse. He complained of palpitation of the heart and icy coldness in the stomach; he had vomited several times, and a cold sweat had broken out on the skin. Some warm brandy and water was immediately given, and followed by a draught, containing æther, opiate confection, and camphor julep; bladders of hot water were applied to the region of the stomach, the knees, the hands, and the feet, in the hope of inducing a return of the disease to the extremities, and the draught was repeated, with the addition of some musk. The pain and oppression of the breathing now began to decline, and a gentle perspiration broke out on the skin, which continued the remainder of the afternoon. In the evening, by the advice of Dr. Haygarth, the extremities were fomented; some sleep was obtained, and for two days no great change of symptoms occurred; the following day, however, another shivering fit and attack of gout in the stomach took place, and, after lingering three days longer, the patient died.

GOUT—COLD-WATER TREATMENT—FREQUENT RELAPSE—TRANSLATION TO THE HEAD AND STOMACH—ULTIMATE RECOVERY.

A gentleman, about forty years of age, who had been subject to severe fits of gout for many years, complained of general indisposition, and had one ancle inflamed, swollen, and exquisitely painful; cold applications were ordered externally, and a cordial internally. Next day the ancle was relieved, but the knees had become painful: the same application directed to the knees. On the following day there was severe pain in the head, and great uneasiness in the stomach, attended with nausea and flatulence; a draught with æther and laudanum was ordered him. The succeeding day he was better in every respect, and in a few days was quite well. He remained so for twelve months, had then a similar attack, and, after being treated in the same manner, was again able in a few days to pursue his usual avocations; but in less than a month had a return of the gouty symptoms. His own opinion was that the gout had lurked in his system ever since the last attack; at the same time, he felt convinced that though the application of cold might not eradicate the disorder, it yet afforded him so much relief as to induce him to wish that it should again be tried. This was done, and in six days nothing, apparently, but weakness remained. Four days afterwards, however, the left ancle (not the one which had suffered last), became inflamed and painful; the patient had immediate recourse to his favorite remedy, but had no sooner applied the first wet cloth, than he felt an unusual torpor pervade his whole frame. He suffered intense pain in the stomach, attended with frequent vomiting; the head was much affected, and he was at intervals delirious. He took hot brandy and water, and heated wine with spice, which afforded him some relief; at the same time the cold, which had been used for about two hours, was discontinued. On the following day he was better, though very languid; the inflammation did not return in the left ancle. Next day he continued tolerably well, but on the day after, a more violent attack than any of the former took place in the right hand. Warm applications were now employed. The stomach, head, and constitution generally, being as much affected as before, and on the symptoms of internal disorder having abated, the local affection of the hand continuing, cold was again applied, and the patient recovered.—*Prov. Med. Jour.* Oct. 21, 1842.

INFLUENCE OF EMPLOYMENTS UPON HEALTH.

The following summary embodies the conclusions to be drawn from an elaborate and valuable paper, published by Dr. Guy, in the last number of the Journal of the Statistical Society.

1. In females, the ratio of cases of pulmonary consumption to those of all other diseases, is highest in those following sedentary employments, less in those having mixed in-door occupations, and least of all in those employed out of doors. The highest ratio occurs in the case of females whose habits of life are irregular (prostitutes).

2. In men the ratio of cases of pulmonary consumption to those of all other diseases, is somewhat higher in those following in-door occupation than in those working in the open air

3. The ratio of cases of pulmonary consumption to those of all other diseases, in the case of men following in-door employments, varies inversely as the amount of exertion, being highest where there is least exertion, and lowest in employments requiring strong exercise.

4. Neither a constrained posture, nor exposure to a high temperature, nor a moist atmosphere, appears to have any marked effect in promoting pulmonary consumption.

5. The ratio of cases of pulmonary consumption to those of all other diseases, is highest in the case of men whose employments expose them to the inhalation of dust, there being in persons so employed two cases of consumption for less than three of all other diseases.

6. The ratio is also high in the case of persons exposed to habits of intemperance, there being two cases of pulmonary consumption to five of all other diseases.

7. The age at which pulmonary consumption makes its attack, varies with the employment, being earlier in those occupations characterised by a high ratio of consumptive cases. Thus it is earlier in those following in-door occupations than in those employed in the open air, and in those using little exertion than those using much. It also occurs very early in those exposed to the temptation of intemperance, and in those whose occupations lead to the inhalation of dust. —*Prov. Med. Jour.* Nov, 1843.